

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

35860

1. PLACE OF DEATH

County Callaway
Township Round Prairie
City Callaway (No. 104)

Registration District No. 104
Primary Registration District No. 1565

File No. 35860
Registered No. 224
St. Callaway Ward 1

2. FULL NAME

(a) Residence, No. Lucy Rensel St. Callaway Ward 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 23, 1853</u>		
7. AGE <u>80</u>	YEARS <u>3</u>	MONTHS <u>30</u>
		DAYS <u>30</u>
		If LESS than 1 day, <u>hrs.</u> or <u>min.</u>

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>

13. NAME <u>Warren J. Garrison</u>

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>

15. MAIDEN NAME <u>W. K.</u>

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D. K.</u>
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17. INFORMANT <u>J. Scott McVee</u>
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18. BURIAL, CREMATION, OR REMOVAL <u>Callaway, Mo.</u>

19. UNDERTAKER <u>W. K. Garrison</u>

20. FILED <u>Nov 27, 1933</u>

<u>R. N. Crew</u>

<u>Registrar</u>

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26, 1933

22. 4 HEREBY CERTIFY, That I attended deceased from Nov 23, 1933 to Nov 26, 1933

I last saw her alive on Nov 26, 1933 Death is said

to have occurred on the date stated above, at 11:30 A. M.

The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency Date of onset ?
92 A
70 A

Other contributory causes of importance
Pulmonary Hemiplegia 11-15-33

Name of operation Phys. Exam Date of ?

What test confirmed diagnosis ? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ? Date of injury ?, 19 ?

Where did injury occur? ?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ?

Nature of injury ?

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ?

(Signed) R. K. Hall, M. D.

(Address) Fulton, Mo

